

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43155

Registration District No. 1821

Primary Registration District No. 4553

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Scott  
 (b) City or town Sikeston, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: —  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Life (Specify whether  
 In this community Life years, months or days)

3. (a) PRINT FULL NAME Milo Green Gresham

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex mo 5. Color or race w 6. (a) Single, ~~widowed~~, married, divorced, married  
 6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased April 18 - 1867  
 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 28 If less than one day  
 hr. min.

9. Birthplace Rock, Del.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Lumber

## 11. Industry or business

12. Name E. B. Gresham  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elin Elen  
 15. Birthplace (near) Rae, Del.  
 (City, town, or county) (State or foreign country)

16. (a) Informant W. B. Baker  
 (b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof Nov. 18, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston City Cemetery18. (a) Signature of funeral director Elin Elen(b) Address Sikeston, Mo.

19. (a) 1-8-42 (b) H. B. Thompson  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott  
 (c) City or town Sikeston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Stoddard (If rural, give location)  
 (e) Citizen of foreign country? — (Yes or No)  
 If yes, name country —

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 16  
 year 1941 hour 1:10 minute P M.

21. I hereby certify that I attended the deceased from — to —  
 that I last saw him alive on 11-16  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosisDue to chronic myocarditisDue to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings: 438Of operations —Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —(b) Date of occurrence —(c) Where did injury occur? — (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

(Specify type of place)

While at work? — (e) Means of injury —Signature Harold M. Mundy (M.D. or other)Address Sikeston, Mo. Date signed 1-8-42

RECEIVED

District Health Office No. 2

District File Number 742-61

Date Filed 1-16-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on Mar 16,

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Arden Ellene

Licensed Embalmer No. 4218

P. O. Address Waggoner, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.